DOCUMENT RESUME

ED 125 184 EC 090 387

AUTHOR Segal, Robert
TITLE Current Trends in Services for the Aged Mentally Retarded.
PUB DATE Apr 76
NOTE 5p.; Paper presented at the Annual International Convention, The Council for Exceptional Children (54th, Chicago, Illinois, April 4-9, 1976)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Community Programs; *Mentally Handicapped; Needs; *Older Adults; *Services; *Trend Analysis

ABSTRACT

Considered are service needs of the aged mentally retarded. Needs are discussed in terms of the historical emphasis on the retarded child, current needs (such as health and housing needs), impediments to service provision (such as lack of trained personnel), the lack of research on gerontological aspects of mental retardation, and innovative community programs. (DB)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

Dr. Robert Segal
Institute for the Study
of Mental Retardation
130 S. First Street
Ann Arbor, Mich. 48108

ED125184

CURRENT TRENDS IN SERVICES FOR THE AGED MENTALLY RETARDED

Historical Emphasis on the Retarded Child

The care of children has always been a major concern in our country. It is not surprising that in the development of services for the mentally retarded that priority should have been given to the needs of children.

Two major historical events that shaped the development of programs for the mentally retarded in the United States were: (1) the establishment of the National Association of Parents and Friends of Retarded Children in 1950. (The name was changed to the National Association for Retarded Children in 1952); and (2) the passage of the Maternal and Child Health and Mental Retardation Planning Amendments of 1963 by the 86th Congress. It is of interest to note the words "children" and "maternal and child" in the aforementioned events indicating the focus that was to continue for the following decade. Recognition was given to the need to implement programs and services for mentally retarded infants and children, both in terms of prevention and treatment as a means of maximizing the potentials of the mentally retarded through prenatal, post-natal and early childhood intervention.

Broadening the Emphasis on the Adult Retarded

In recent years attention was extended to the needs of the adult retarded since those children who were being served by the programs implemented in the 1950's and 1960's had now grown older and needed programs to meet their changing age levels. By 1974, the National Association for Retarded Children recognizing the need to broaden its focus changed the word "children" in its title to "citizens", thus reaffirming that organization's primary objective as stated in its by-laws: "To promote the general welfare of the mentally retarded of all ages everywhere."

EC 090 387

It is clear that the focus of program development for the mentally retarded during the past twenty years has been in the area of children and the young adult. What has been happening with regard to the development of programs for the aged mentally retarded?

Current Service Needs

At a recent consultation-conference on the "Gerontological Aspects of Mental Retardation" held in Ann Arbor, Michigan in April 1975 attended by 70 participants representing 29 states, the District of Columbia and Puerto Rico, an effort was made to highlight the service needs of the elderly mentally retarded and to ascertain the kind of programs currently being provided to them.

The participants at the Conference ranked in the order of priority the following service needs of the elderly retarded:

(1) Health related services (i.e., medical and dental care, physical therapy, visual care, podiatry, nutrition, etc.); (2) Social and emotional needs; (3) Housing programs; (4) Vocational services; (5) Recreational and leisure time activities; (6) Information and referral services; (7) Transportation; (8) Financial assistance; (9) Advocacy, protective services; and (10) Support for families of the elderly (day care, family counseling, respite car.

Impedements to Obtaining or Providing Services

Despite the needs for services there were numerous blocks that impeded the provision of services such as; (1) Lack of trained professionals or para-professionals to work with the elderly retarded; (2) Services are in locations not easily accessible to transportation; (3) Discriminatory zoning prohibits utilizing certain geographic areas for the establishment of group homes; (4) Job opportunities are limited due to the resistance in hiring either

elderly or retarded persons; (5) Negative community attitudes toward the mentally retarded; (6) Lack of funding for the development of needed programs; (7) Lack of agency coordination of the limited existing resources; (8) Lack of community awareness of the problems of the elderly retarded; (9) Geographic locations that are available for housing for the elderly retarded are in unsafe areas; (10) Difficulty in locating the elderly retarded; (11) Many generic service programs do not see the elderly retarded as possible clients.

Current Research

A survey of the research undertaken in the area of the gerontological aspects of mental retardation indicates that little has been done in this area. A needs assessment study was begun in September, 1973, by Dr. Sara Kriger of the Department of Mental Health and Mental Retardation of Ohio titled, "The Life Style of the Aged Mentally Retarded in the Community." Her objective was to assess and project the needs of the elderly retarded (age 40 and over) in Ohio who were currently living in the community. Some of the findings of that study were: (1) Agencies serving the mentally retarded generally have little knowledge about the aged person. (2) There is a wide gap in needed services for the elderly retarded, with most programs being geared toward the younger group. (3) Those aged retarded who live in the community are not easily identified, and no effort was being made to identify them.

Current Community Programs for the Aged Retarded

While services for the elderly retarded on a community level throughout the country are limited. Some new and innovative programs have been implemented. The following are examples: (1) Senior Centers of Detroit, Michigan provides a leisure time recreational program. (2) Luther Home of Mercy in Williston, Ohio provides socialization and religious programs. (3) Elwyn West Rehabilitation Center, Philadelphia, Pennsylvania provides an arts and crafts

program. (4) Camp Courage in Dubuque, Iowa provides needed recreational programs. (5) Good Will Work Activities Center in Denver, Colorado provides specialized employment opportunities. (6) Cresthaven Nursing Center in Austin, Texas provides a specialized nursing and religious program for the profoundly retarded. (7) Monroe Care Center in Monroe, Michigan provides a musical therapy program. (8) The Retarded Aging People Project sponsored by the Golden Age Centers of Greater Cleveland, Ohio provides services that enhances the development of social skills and improved self awareness through small group activities and utilizing younger mentally retarded adults to assist as volunteers in the program. (9) University of Pennsylvania Dental Clinic provides specialized dental care for the mentally retarded; and (10) The Tidewater Association for Retarded Citizens has established a small group home in Norfolk, Virginia for adult retarded in which the elderly retarded are integrated. The goal of the home is to enable the retarded residents to develop self help skills and to function more independently as they interact in a home-like setting.

Implications for Future Program Development

There are currently new programs geared to meet the needs of the aged retarded. Because the mentally retarded will have a longer life expectancy due to improved medical and social conditions, it is imperative that programs and services be implemented to meet the pressing health, social economic and housing needs that daily confront the mentally retarded as they become aged. We need to know more about the aged retarded person who previously has been regarded as "the invisible client." More research needs to be undertaken in this area. While we are currently training personnel to work with children and adults we need to expand these training programs to include an awareness and knowledge of the needs of the aged retarded so that the practitioner and and the administrator can develop the needed skills to work with and plan for this particular group who have special unmet needs.